

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012331

FILED
May 02, 2007
Secretary of State

Entity Name: SJS CHARITIES INC.

Current Principal Place of Business:

3367 N UNIVERSITY DRIVE
101
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

3367 N UNIVERSITY DRIVE
101
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-3925288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THANKACHEN, SAM
3367 N UNIVERSITY DRIVE
101
DAVIE, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THANKACHEN, SAM
Address: 3367 N UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: VP () Delete
Name: CHACKO, CHERIYAN
Address: 3367 N UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: T () Delete
Name: NADUPARAMBIL, SANJAYMON
Address: 3367 N UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

Title: O () Delete
Name: CHACKO, MELEPURACKAL
Address: 3367 N UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM THANKACHEN

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date